



**CITY OF HAYWARD**  
**AGENDA REPORT**

AGENDA DATE 09/28/99  
AGENDA ITEM 4  
WORK SESSION ITEM \_\_\_\_\_

**TO:** Mayor and City Council

**FROM:** City Clerk

**SUBJECT:** Resignation of Michelle L. Smith, MD, from the Human Services Commission

**RECOMMENDATION:**

It is recommended that Council accept the resignation of Michelle L. Smith, MD from the Human Services Commission.


**BACKGROUND:**

Dr. Smith was appointed to the Human Services Commission on July 1, 1997. Her term expires on June 30, 2001. Attached is Dr. Smith's letter of resignation dated August 19, 1999.

Prepared by:

  
Angelina Reyes, City Clerk

Approved by:

  
Jesus Armas, City Manager

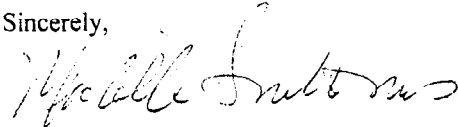
David Korth  
Social Services Planning Manager  
CED Department  
City of Hayward

August 19, 1999

RE: Human Services Commission

As per our conversation by phone on August 18, 1999, due to my relocating outside of the city of Hayward, I must regretfully submit my resignation from the Human Services Commission. My two years of service on the committee have allowed personal growth, enlightenment and a sense of accomplishment that I could not have obtained elsewhere. I am thankful for the opportunities that my years of service on the Human Services Commission have provided.

Sincerely,



Michelle L. Smith, MD

RECEIVED

AUG 27 1999

Community & Economic Development

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# DRAFT

HAYWARD CITY COUNCIL

RESOLUTION NO. \_\_\_\_\_

Introduced by Council Member \_\_\_\_\_

RESOLUTION ACCEPTING WRITTEN RESIGNATION OF  
MICHELLE L. SMITH, MD AS A MEMBER OF THE  
HUMAN SERVICES COMMISSION OF THE CITY OF  
HAYWARD

WHEREAS, Michelle L. Smith, MD, has submitted in writing her resignation as a member of the Human Services Commission of the City of Hayward, dated August 19, 1999.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Hayward that the Council hereby accepts the resignation, and commends Michelle L. Smith, MD, for her civic service to the City.

IN COUNCIL, HAYWARD, CALIFORNIA \_\_\_\_\_, 1999

ADOPTED BY THE FOLLOWING VOTE:

AYES:

NOES:

ABSTAIN:

ABSENT:

ATTEST: \_\_\_\_\_  
City Clerk of the City of Hayward

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney of the City of Hayward